

FILED MAY 18 1944

Registration District No.

Primary Registration District No. 4358

Registrar's No. 114

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether)
In this community About 20 years
years, months or days)

3. (a) PRINT FULL NAME

JIM ELLIS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W
6. (a) Name of husband or wife Lina Ellis 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb. - 27 - 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 20 If less than one day
hr. min.

9. Birthplace unk (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Farming

11. Industry or business unk

12. Name John Ellis

13. Birthplace unk (City, town, or county) Ill. (State or foreign country)

14. Maiden name unk

15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Lina Ellis

(b) Address Lilbourn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 - 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Sebastian

18. (a) Signature of funeral director Richard and Co.

(b) Address New Madrid, Mo.

19. (a) 4-20-44 (b) Mrs. J. L. Parrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Lilbourn (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1944 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from April 16th, 1944, to April 16, 1944,
that I last saw him alive on April 16th, 1944,
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration

Due to Pulmonary Tuberculosis

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature O.B. Chandler (M. D. or other)

Address New Madrid Mo Date signed 4/17/44

RECEIVED

District Health Office No. 2,

District File Number 544-742

Date Filed 5-15-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. H. Hightower*.....

Licensed Embalmer No. 3803.....

P. O. Address *Richmond, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.